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PATENT APPLICATION FEE DETERMINATION RECORD

CLAIMS AS FRIED, PART (Column L) NUMBI P EXTRA SUMBER FILED • $\mathrm{mmis}\ 20$ INDEPENDENT CLAIMS minus 3

SMALL ENTITY

ADDI-

SMALL ESTITA OR TOTAL.

OTHER THAN

SMALL ENTITY

ADDI-

ADDI-P

OR

 \star 1f the difference in column 1 is less than zero, enter 707 in column 2

MULTIPLE DEPENDED CLAIM PRESENT

CLAIMS AS AMENDED - PART II

column 3+ (Column 2) ocolumn D HIGHEST CLAIMS PRESENT NUMBER REMAINING EXTRA PREVIOUSLY **AFTER** PAID FOR AMENDMENT

Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE TIONAL FEE TOTAL ADDIT, FEE

TIONAL RATE FEE OR ΟŔ ΟŘ Tarings. TOTAL

ADDIT, FEE

r - Burrin Br (Column 2) (Column 1) HIGHEST **CLAIMS** PRESENT NUMBER REMAINING EXTRA PREVIOUSLY **AFTER** AMENDMENT PAID FOR AMENDMENT Total Minus Independent (37 CFR 1.16(b)) G7 CFR 1.16-01 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

ADDI-TIONAL RATE FEE -OR TOTAL ADDIT, FEE

TIONAL RATE FEE OR **OR** OR ADDIT, FEE

| | | (Column 1) | | (Column 2) | (Column 2) |
|-------------|--|---|-------|---|-------------------|
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT TEXTRA |
| | Total | • | Minus | 34. M | :- |
| | Independent (37 CFR 1.16(b)) | * | Minus | *** | == |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM GF CER (1668) | | | | |
| | | | | | : |

ADDI-RATE TIONAL FEE 150 = TOTAL ADDIT, FEE

ADDIE TIONAL RATE FE ÖR ,OR OR OR ORADDIT FEE

** If the "Highest Number Previously Paid For" 4N THIS SPACE is less than 20, enter "29"

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time with vary depending upon the needs of the individual case. Any comments on the amount of time won are required to complete this form should be sent to the clinical Information Officer, U.S. Patent and Frademari Any comments on the amount of time you are required to complete this form should be sent to the clinical Information Officer, U.S. Patent and Frademari Officer, Washington, DC 20231 - DO 2023 -

FOF

AMENDMENT

Total

(37 CFR 1.16(c))

Independent

BASICIPH (37 CT P : 104a)

TOTAL CLAIM : 37 CFR 1.16(c)i

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, entry 3. The "Highest Number Previously Paid For" (Total or Independent) is the highest number total in the appropriate box in column 1